

# EWEB CHILD DEVELOPMENT CENTER

## Schedule Change Request Form

Parent name: \_\_\_\_\_

Child name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Please circle the days and times of your child's current schedule.

### **Current Schedule:**

Monday	Tuesday	Wednesday	Thursday	Friday
7:30-12:30	7:30-12:30	7:30-12:30	7:30-12:30	7:30-12:30
12:30-5:30	12:30-5:30	12:30-5:30	12:30-5:30	12:30-5:30
7:30-5:30	7:30-5:30	7:30-5:30	7:30-5:30	7:30-5:30

Please circle the days and times of your child's requested schedule.

### **Requested Schedule:**

Monday	Tuesday	Wednesday	Thursday	Friday
7:30-12:30	7:30-12:30	7:30-12:30	7:30-12:30	7:30-12:30
12:30-5:30	12:30-5:30	12:30-5:30	12:30-5:30	12:30-5:30
7:30-5:30	7:30-5:30	7:30-5:30	7:30-5:30	7:30-5:30

Requested Schedule Start Date: \_\_\_\_\_.

Please note: Schedule changes are subject to space availability. Priority for schedule changes is based on the date of the request and full time equivalency. Current student classroom transitions have priority over schedule change requests.

Please submit this schedule change request to the Center Director. We will contact you when space is available and you may check in anytime regarding requested changes.

All change requests are due by the 15<sup>th</sup> of the month for the following month.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director signature: \_\_\_\_\_ Date: \_\_\_\_\_